

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:44

Crosswalk Report

OPSS\$PCUMMING

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Status : VA Substance Abuse and Mental Health Services Administration

Media ID : CEDS Office of Applied Studie

Start Date :

End Date :

Follow-up :

NH TEDS - New CEDS -11/ 2002

Version : 1

K = Key Field

System

New Hampshire

Item

Item

No. Treatment Episode Data Set

Value

State System Data

1	System Transaction Type	9	Transaction Type
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K 2	State Code	NH	FIPS Code Added To Each Record
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3	Reporting Date	-	Month and Year of Submission Added to Each Record
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Item No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	8	Facility's Code Number	
K 2	Client Identifier (Admission)	10	Facility's Client Identifier	
K 3	Co-Dependent/Collateral	13	Client's Relationship to Abuser	
	2 No		1 Self	
	1 Yes		2 Significant Other	
	1 Yes		3 Child	
	1 Yes		4 Parent	
K 4	Client Transaction Type	9	Transaction Type	
	A Initial Admission		1 Admit	
	T Transfer/Change in Service		2 Transfer	
K 5	Date of Admission	7	date of Admission	
6	Number of Prior Treatment Episodes	16	Number of Prior Treatments	
	1 1		- >5	
	0 0		- 0	
	2 2		- >5	
	3 3		- >5	
	4 4		- >5	
	5 Or More		- 5	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	29	Referral Source	
01	Individual (includes self-referral))	1	Self	
02	Alcohol/Drug Abuse Provider	2	A/D Abuse Provider	
03	Other Health Care Provider	3	Other Health Provider	
04	School (Educational)	4	School/Educational Facility	
05	Employer/EAP	5	Employer(e)	
06	Other Community Referral	6	DCYF/Other Comp	
07	Court/Criminal Justice/DUI/DWI	7	Court/Criminal Justice/DWI	
8	Date of Birth	3	Client's Date of Birth	
9	Sex	2	Client's Gender	
1	Male	1	Male	
2	Female	2	Female	
10	Race	5	Client's Race	
01	Alaska Native (Aleut, Eskimo, Indian)	1	Alaskan Native	
02	American Indian (Other than Alaskan Native)	2	American Native	
13	Asian	3	Asian	
04	Black or African American	4	Black	
23	Native Hawaiians or Other Pacific Islanders	5	Pacific Islander	
05	White	6	White	
20	Other	7	Other	

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Item

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State System Data

11 Ethnicity**6****Client's Ethnicity**

01	Puerto Rican	1	Hispanic
02	Mexican	1	Hispanic
03	Cuban	1	Hispanic
06	Hispanic - Specific Origin not Specified	1	Hispanic
04	Other Specific Hispanic	1	Hispanic
05	Not of Hispanic Origin	2	Not Hispanic

12 Education**22****Client's Level of Education**

01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-11	Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12	GED/High School Diploma
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13	Some College. No degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	14	AA, AS, etc
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	15	BS/BA
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	16	GRAD no degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	17	GRAD w/ degree
00	Less Than One Grade Completed	18	None

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No. Treatment Episode Data Set

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State System Data

13 Employment Status

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Client's Employment Status at Intake

01	Full Time	1	Full Time(35+0
02	Part Time	2	Part Time (35-)
04	Not in Labor Force	3	Student
04	Not in Labor Force	4	Disabled
04	Not in Labor Force	5	Rented
04	Not in Labor Force	6	Homemaker
03	Unemployed	7	Unemployed Looking
03	Unemployed	8	Unemployed Not Looking
04	Not in Labor Force	9	Institutionalized

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	40	Substances
01	None	0101	None
02	Alcohol	0201	Alcohol
03	Cocaine, Crack	0301	Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	0401	Marijuana/Hashish
01	None	0402	Not Used
05	Heroin	0501	Heroin/Morphine
06	Non-Prescription Methadone	0601	Methadone
07	Other Opiates and Synthetics	0701	Codeine
07	Other Opiates and Synthetics	0702	D-Propoxyphene
07	Other Opiates and Synthetics	0703	Oxycodone
07	Other Opiates and Synthetics	0704	Meperidine HCL
07	Other Opiates and Synthetics	0705	Hydromorphone
07	Other Opiates and Synthetics	0706	Analgesic, Narcotic, Other
07	Other Opiates and Synthetics	0707	Pentaocine
08	PCP	0801	PCP or PCP Combination
09	Other Hallucinogens	0901	LSD
09	Other Hallucinogens	0902	Hallucingen, Other
10	Methamphetamine	1001	Methamphetamine/Speed
11	Other Amphetamines	1101	Amphetamine
11	Other Amphetamines	1102	Methylenidate
11	Other Amphetamines	1103	Methylenedioxymethamphetamine (MDMA, Ecstasy)
12	Other Stimulants	1201	Stimulant, other
13	Benzodiazepine	1301	Alprazolam (Xanax)
13	Benzodiazepine	1302	Chlordiazepoxide (Librium)
13	Benzodiazepine	1303	Clorazepate (Tranzene)
13	Benzodiazepine	1304	Diazepam (Valium)
13	Benzodiazepine	1305	Flurazepam (Dalmane)
13	Benzodiazepine	1306	Lorazepam (Ativan)
13	Benzodiazepine	1307	Triazolam (Halcion)
13	Benzodiazepine	1308	Benzodiazepine, Other

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No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiat-14C)	40	Substances
14	Other Tranquilizers	1401	Meprobamate (Miltown)
14	Other Tranquilizers	1403	Tranuilizer, Other
15	Barbiturates	1501	Phenobarital
15	Barbiturates	1502	Secobarbital/Ambarbital
15	Barbiturates	1503	Secobarbital (Seconal)
16	Other Sedatives or Hypnotics	1601	Ethchiorvynol (Placidyl)
16	Other Sedatives or Hypnotics	1602	Glutethimide (Doriden)
16	Other Sedatives or Hypnotics	1603	Methaqualone
16	Other Sedatives or Hypnotics	1604	Sedative, Non-Barbituate, Other
16	Other Sedatives or Hypnotics	1605	Sedative, Other
16	Other Sedatives or Hypnotics	1606	Flunitrazepam (Rohypnol)
16	Other Sedatives or Hypnotics	1607	GHB/GBL (Gamma-Hydroxybutyrate,...)
16	Other Sedatives or Hypnotics	1608	Ketamine (Special)
16	Other Sedatives or Hypnotics	1609	Clonazepam (Klonopin, Rivotril)
17	Inhalants	1701	Aerosols
17	Inhalants	1702	Nitrites
17	Inhalants	1703	Inhalant, Other
17	Inhalants	1704	Solvents
17	Inhalants	1705	Anesthetics
18	Over-the-Counter	1801	Diphenhydramine
20	Other	2001	Diphenylhydantoin Sodium
20	Other	2002	Other Drug
97	Unknown	9997	Unknown
98	Not Collected	9998	Not Collected

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	43	Method of Use	
01	Oral	1	Oral	
02	Smoking	2	Smoked	
03	Inhalation	3	Inhaled	
04	Injection (IV or intramuscular)	4	Injected	
20	Other	5	Other	
20	Other	6	None	
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	45	Frequency of Use	
01	No past month use	1	None in Past Month	
02	1-3 times in past month	2	Monthly, 1-3 times	
03	1-2 times per week	3	Weekly, 1-2 times	
04	3-6 times per week	4	Weekly, 3-6 times	
05	Daily	5	Daily	
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	46	Age of First Use - Not Collected	

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Item

No. Treatment Episode Data Set

Value

State System Data

K 18 Type of Services		-	Treatment event Section - FCLevelCareTreat	
08	Ambulatory Detoxification	01	Tx - Ambulatory Detoxification with Extended Monitoring	
08	Ambulatory Detoxification	02	Tx - Ambulatory Detoxification without Extended Monitoring	
01	Hospital Inpatient (Detox, 24 hour Service)	03	Tx - Medically Managed Inpatient Detoxification	
02	Free-standing Residential (Detox, 24 hour Service)	04	Tx - Residential - Clinically Managed Detoxification	
05	Long-term, (more than 30 days)	05	Tx - Residential - Clinically Managed High Intensity	
04	Short-term, (30 days or fewer)	06	Tx - Residential - Clinically Managed Medium Intensity	
05	Long-term, (more than 30 days)	07	Tx - Residential - Clinically Managed Low Intensity	
03	Hospital (other than detox)	08	Tx - Medically Managed Intensive Inpatient Services	
06	Intensive Outpatient	09	Tx - Outpatient Services - Intensive	
07	Non-Intensive Outpatient	10	Tx - Outpatient Services	
07	Non-Intensive Outpatient	11	Tx - Early Intervention	
04	Short-term, (30 days or fewer)	12	Tx - Partial Hospitalization	
07	Non-Intensive Outpatient	13	Tx - Outpatient Methadone Maintenance	

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Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	40	Substances	
	9996 Not Applicable		0101 None	
	0201 Alcohol		0201 Alcohol	
	0301 Crack		0301 Crack	
	0302 Other Cocaine		0302 Cocaine/Other	
	0401 Marijuana/Hashish		0401 Marijuana/Hashish	
	9996 Not Applicable		0402 Not Used	
	0501 Heroin/Morphine		0501 Heroin/Morphine	
	0601 Methadone		0601 Methadone	
	0701 Codeine		0701 Codeine	
	0702 D-Propoxyphene		0702 D-Propoxyphene	
	0703 Oxycodone (Oxycotin)		0703 Oxycodone	
	0704 Meperidine HCL		0704 Meperidine HCL	
	0705 Hydromorphone (Dilaudid)		0705 Hydromorphone	
	0706 Other Narcotic Analgesics		0706 Analgesic, Narcotic, Other	
	0707 Pentazocine (Talwin)		0707 Pentaocine	
	0801 PCP or PCP Combinations		0801 PCP or PCP Combination	
	0901 LSD		0901 LSD	
	0902 Other Hallucinogens		0902 Hallucingen, Other	
	1001 Methamphetamine/Speed		1001 Methamphetamine/Speed	
	1101 Amphetamine		1101 Amphetamine	
	1102 Methylphenidate (Ritalin)		1102 Methylenidate	
	1103 Methylenioxymethamphetamine (MDMA, Ecstasy)		1103 Methylenedioxymethamphetamine (MDMA, Ecstasy)	
	1201 Other Stimulants		1201 Stimulant, other	
	1301 Alprazolam (Xanax)		1301 Alprazolam (Xanax)	
	1302 Chlordiazepoxide (Librium)		1302 Chlordiazepoxide (Librium)	
	1303 Clorazepate (Tranzene)		1303 Clorazepate (Tranzene)	
	1304 Diazepam (Valium)		1304 Diazepam (Valium)	
	1305 Flurazepam (Dalmane)		1305 Flurazepam (Dalmane)	
	1306 Lorazepam (Ativan)		1306 Lorazepam (Ativan)	
	1307 Triazolam (Halcion)		1307 Triazolam (Halcion)	
	1308 Other Benzodiazepine		1308 Benzodiazepine, Other	
	1401 Meprobamate (Miltown)		1401 Meprobamate (Miltown)	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	40	Substances	
	1403 Other Tranquilizer		1403	Tranuilizer, Other
	1501 Phenobarbital		1501	Phenobarital
	1502 Secobarbital/Amobarbital (Tuinal)		1502	Secobarbital/Ambarbital
	1503 Secobarbital (Seconal)		1503	Secobarbital (Seconal)
	1601 Ethchlorvynol (Placidyl)		1601	Ethchiorvynol (Placidyl)
	1602 Glutethimide (Doriden)		1602	Glutethimide (Doriden)
	1603 Methaqualone		1603	Methaqualone
	1604 Other Non-Barbiturate Sedatives		1604	Sedative, Non-Barbituate, Other
	1605 Other Sedatives		1605	Sedative, Other
	1606 Flunitrazepam (Rohypnol)		1606	Flunitrazepam (Rohypnol)
	1607 GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)		1607	GHB/GBL (Gamma-Hydroxybutyrate,..)
	1608 Ketamine (Special K)		1608	Ketamine (Special)
	1609 Clonazepam (Klonopin, Rivotril)		1609	Clonazepam (Klonopin, Rivotril)
	1701 Aerosols		1701	Aerosols
	1702 Nitrites		1702	Nitrites
	1703 Other Inhalants		1703	Inhalant, Other
	1704 Solvents		1704	Solvents
	1705 Anesthetics		1705	Anesthetics
	1801 Diphenhydramine		1801	Diphenhydramine
	2001 Dephenylhydantoin Sodium		2001	Diphenylhydantoin Sodium
	2002 Other Drugs		2002	Other Drug
	9997 Unknown		9997	Unknown
	9998 Not Collected		9998	Not Collected
2	Detail Drug Code, Secondary	40	Substances	
3	Detail Drug Code, Tertiary	40	Substances	
4	DSM Diagnosis	-	Not Collected	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	35	Psychiatric Severity	
2	No	1	No Problem Identified	
1	Yes	2	Mild	
1	Yes	3	Moderate	
1	Yes	4	Severe	
6	Pregnant at Time of Admission	24	Client's Pregnancy State at Intake	
1	Yes	1	Pregnant	
2	No	2	Not Pregnant	
7	Veteran Status	-	Not Collected	
8	Living Arrangements	23	Client's Living Arrangement	
01	Homeless	1	Homeless	
02	Dependent Living	2	Dependent Living	
03	Independent Living	3	Independent Living	
02	Dependent Living	4	Controlled Environment	
9	Source of Income/Support	27	Client's Primary Source of Income	
21	None	1	None	
01	Wages/Salary	2	Wages/Salary	
02	Public Assistance	3	Unemployment	
03	Retirement/Pension	4	Retirement	
04	Disability	5	Disability	
02	Public Assistance	6	TANF	
02	Public Assistance	7	Other Assistance	
20	Other	8	Other	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
10	Health Insurance	18	Client's Health Insurance	
01	Private Insurance (other than BCBS or HMO)	1	Private	
02	Blue Cross/Blue Shield	2	B.C. /B.S.	
03	Medicare	3	Medicare	
04	Medicaid	4	Medicaid	
06	Health Maintenance Organization (HMO)	5	HMO	
20	Other (e.g. TriCare, Champus)	6	Other	
21	None	7	None	
11	Expected/Actual Primary Source of Payment	19	Payment Method	
01	Self-Pay	1	Self	
02	Blue Cross/Blue Shield	2	B.C./B.S.	
03	Medicare	3	Medicare	
04	Medicaid	4	Medicaid	
05	Other Government Payments	5	Other Government Compensation	
06	Worker's Compensation	6	Worker's Compensation	
07	Other Health Insurance Companies	7	Other Health Insurance	
08	No Charge (Free, Charity, Special Research or Teaching)	8	No Charge	
12	Detailed Not in Labor Force	28	Client's Employment Status at Intake	
96	Not Applicable	1	Full Time(35+0	
96	Not Applicable	2	Part Time (35-)	
02	Student	3	Student	
04	Disabled	4	Disabled	
03	Retired	5	Rented	
01	Homemaker	6	Homemaker	
06	Other	7	Unemployed Looking	
06	Other	8	Unemployed Not Looking	
05	Inmate of Institution (Prison or	9	Institutionalized	

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Optional

New Hampshire

Item No.	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	30	C. J. Referral	
01	State/Federal Court	1	State/Federal Court	
03	Probation/Parole	2	Probation/Parole	
06	Prison	3	Prison	
07	DUI/DWI	4	DUI/DWI	
08	Other	5	Other	
96	Not Applicable	6	Not Applicable	
14	Marital Status	21	Client's Marital	
02	Now Married or Cohabiting	1	Married	
03	Separated (legally or otherwise absent)	2	Seperated	
01	Never Married	3	Never Married	
04	Divorced	4	Divorced	
05	Widowed	5	Widowed	
15	Days Waiting to Enter Treatment	15	Number of Days Since Screening	

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Discharge

New Hampshire

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	8	Facility's Code Number	
105	Client Identifier - (At Discharge)	10	Facility's Client Identifier	
106	Co-Dependent/Collateral At Discharge	13	Client's Relationship to Abuser	
2	No	1	Self	
1	Yes	2	Significant Other	
1	Yes	3	Child	
1	Yes	4	Parent	
109	Service at Discharge	-	Treatment event Section - FCLevelCareTreat	
08	Detoxification	01	Tx - Ambulatory Detoxification with Extended Monitoring	
08	Detoxification	02	Tx - Ambulatory Detoxification without Extended Monitoring	
01	Hospital Inpatient	03	Tx - Medically Managed Inpatient Detoxification	
02	Free-Standing Residential	04	Tx - Residential - Clinically Managed Detoxification	
05	Long-Term, >30 days	05	Tx - Residential - Clinically Managed High Intensity	
04	Short-Term, <=30 days	06	Tx - Residential - Clinically Managed Medium Intensity	
05	Long-Term, >30 days	07	Tx - Residential - Clinically Managed Low Intensity	
03	Hospital (Other than Detox)	08	Tx - Medically Managed Intensive Inpatient Services	
06	Intensive Outpatient	09	Tx - Outpatient Services - Intensive	
07	Outpatient	10	Tx - Outpatient Services	
07	Outpatient	11	Tx - Early Intervention	
04	Short-Term, <=30 days	12	Tx - Partial Hospitalization	
07	Outpatient	13	Tx - Outpatient Methadone Maintenance	

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Discharge

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Item No.	Treatment Episode Data Set	Item No.	Value	State System Data
146	Date of Last Contact	46	Date of Last Contact	
147	Date of Discharge	47	Date of Discharge	
149	Reason for Discharge , Transfer or Discontinuance of Treatment	49	Reason for Discharge	
01	Treatment Complete	1	Treatment Completed	
07	Other	2	Additional Services Required	
03	Terminated by Facility	3	Non Compliance w/Program	
02	Left Against Professional Advice (Drop Out)	4	Left before Completion	
06	Death	5	Client Inaccessible	
07	Other	6	Needs Services Not Available at This Facility	
07	Other	7	Other	

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report